

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention   | MODULAR MAT GRAVITY-ADVANCE ROLLER CONVEYOR |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
|--|---|-----------|-------------|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|--|-----|------------------------|---|------|----|----|--|--|--|--|
| Application Number :<br>Date :<br>First Named Applicant: Mr. Mark Costanzo<br>Attorney Docket Number: 2223.0   |   |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| <b>TOTAL FEE AUTHORIZED \$ 960</b><br>Patent fees are subject to annual revisions on or about October 1st of each year.  |   |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Filing as large entity   |   |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| BASIC FILING FEE   |   |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>750</td><td>750</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 750</td></tr></tbody></table>  |   |           |             | Fee Description | Fee Code    | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001              | 750 | 750  | Subtotal For Basic Filing Fees: \$ 750 |     |                        |   |      |    |    |  |  |  |  |
| Fee Description  | Fee Code                                    | Amount \$ | Fee Paid \$ |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Utility Filing Fee   | 1001  | 750       | 750         |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Subtotal For Basic Filing Fees: \$ 750   |   |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| EXTRA CLAIM FEES   |   |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 27</td><td>7</td><td>1202</td><td>18</td><td>126</td></tr><tr><td>Independent Claims : 4</td><td>1</td><td>1201</td><td>84</td><td>84</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 210</td></tr></tbody></table> |   |           |             | Fee Description | Extra Claim | Fee Code  | Amount \$   | Fee Paid \$        | Total Claims : 27 | 7   | 1202 | 18                                     | 126 | Independent Claims : 4 | 1 | 1201 | 84 | 84 | Subtotal For Extra Claims Fees: \$ 210 |  |  |  |
| Fee Description  | Extra Claim                                 | Fee Code  | Amount \$   | Fee Paid \$     |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Total Claims : 27  | 7   | 1202      | 18          | 126             |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Independent Claims : 4   | 1   | 1201      | 84          | 84              |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Subtotal For Extra Claims Fees: \$ 210   |   |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| <b>AUTHORIZED BILLING INFORMATION</b><br><b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>   |   |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Deposit account number:  | 120090                                      |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Access Code  | *****                                       |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Deposit name:  | The Laitram Corporation                     |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Deposit authorized name:   | James T. Cronvich                           |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Signature:   | /jtc/                                       |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Date (YYYYMMDD):   | 2003-07-30                                  |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.   |   |           |             |                 |             |           |             |                    |                   |     |      |  |     |                        |   |      |    |    |  |  |  |  |